Linnton Community Center
10614 NW St. Helens Rd
Portland, Oregon 97231
503-286-4990

Enrollment and Authorization Form

Name of Child: Date enrolled:

Birth date: Nickname Age at entry

Allergies?

Responsible Party # 1 Name Relationship

Home Address Home phone

Work Phone Cell phone Employer

Home Email:

Responsible Party # 2 Name_____

Home Address_____

Work Phone _____

Relationship_____

Home phone_____

Cell number_____

Employer_____

Please list two emergency contacts:

1. Name: Phone: _____
   a. Relationship to child: _____
   b. Phone_____
   c. Email_____
2. Name: _____
   a. Phone: _____
   b. Relationship to child: _____
   c. Email_____

My Signature gives permission for the following:

- In an emergency, the Linnton Community Center has my permission to call an ambulance or to take my child to any available physician or hospital at my expense and to obtain medical treatment for my child. In most emergencies, 911 will be called, and the child will be transported to the nearest hospital and seen by Dr. on call. (Parents are always notified as soon as possible.)
- My child may be given non-prescribed medication as indicated on the container, including sunscreen, children's pain reliever, antibacterial first aid cream, and diapering ointment. Syrup of ipecac may be administered if deemed necessary by the poison control operator. (We will contact parents prior to administering non-prescription pain relievers. Prescription medications must be current and require permission slips for each medication).
- My child may be taken on neighborhood walking excursions under required supervision.
- My child may be photographed for publicity or news purposes.
- I agree to actively participate in fundraising events for or at the Linnton Community Center.
- I agree to volunteer two hours of service per year at the Linnton Community Center.

Parent/Guardian signature:_____Date_____

A special permission form will be provided for all field trips

We appreciate your help in updating these forms regularly to keep the most current information and emergency contacts for your child. We want to work together in meeting your child's needs and encourage you to talk with us whenever necessary.

Has your child had previous experience in child care? ____

Please give any information concerning your child which will assist us
Play_____ _____Eating habits and schedule_____

Sleeping habits and schedule_____
Fears *_____
Likes and dislikes_____

Schools attending or previously attended:
_____
Please list additional children in household: _____
Please list any special needs your child may have: _____
Any signs or symptoms we should to watch for: _____
Dietary Restrictions: _____
Religious of cultural considerations: _____
We must have the following information to determine fees for service:

Are you requesting a reduction in our fees for services: _____?
If so a scholarship form will be provided. Please feel free to accompany any materials will a letter further explaining extenuating circumstances.

Signature_____
Date_____

Authorization for Another to Consent to Treatment of a Child

As the parent or legal guardian of the following child:

Childs Name Date of Birth

I hereby authorize the staff of the Linnton Community Center, to consent to any necessary emergency medical or surgical treatment of the above child if the parent or legal guardian cannot reasonably be located when the child is brought in for treatment.

The above authorization will be effective as of September, 2, 2016 and will expire September, 2, 2017.

Signature_____Date_____

Preferred Hospital_ _____

Health Insurance Provider Name_____

Group Number _____

Primary Care Physician_____

Chronic Illnesses_____

Current Medications_____

Allergies_____

The Linnton Community Center is a nonprofit organization owned by the community. Each family using the Linnton Community Center is expected to participate in activities. Please choose the event in which you will volunteer.

Halloween Carnival

Skate nights

St. Patricks Day event

Father daughter event

Dia De Los Muertos

I have something in mind I wish to organize at the center

Signature_____

I agree to support and work a minimum of two hours at my chosen event

Signed_____

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Community Center
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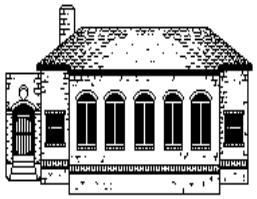
pat@linnton.com



I understand the Linnton Community Center continues to insure a safe environment and the safety of all activities. I agree to hold harmless the Linnton Community Center for any injury I or my child may sustain while participating in activities.

Signature_____
(Notice required by insurance company)

Additional Emergency Contacts and Persons Authorized to Pick-up:

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- Name: Phone: _____
  - Relationship to child: _____
  - Phone_____
  - Email_____
- Name: _____ '
  - Phone: _____
  - Relationship to child: _____
  - Email: _____
- Name: _____
  - Phone: _____
  - Relationship to child_____
  - Email: _____
- Name: _____
  - Phone: _____
  - Relationship to child: _____
  - Email: _____
- Name: _____
  - Phone: _____'
  - Relationship to child: _____
  - Email: _____
- Name: _____
  - Relationship to child_____
  - Phone_____
  - Email: _____

Signature of parent or Gaurdian_____Date_____